

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006431

FILED
Mar 23, 2009
Secretary of State

Entity Name: WATER RESCUE RESPONSE TEAM OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1234 ANYPLACE
BELLEVIEW, FL 34471

New Principal Place of Business:

1234 ANYPLACE
DO NOT USE THIS ADDRESS
BELLEVIEW, FL 34471

Current Mailing Address:

P.O. BOX 134
COLEMAN, FL 33521 US

New Mailing Address:

FEI Number: 59-3426725 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FRODL, WILLIAM R
1532 VOTAW RD
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FRODL, WILLIAM R
Address: 1532 VOTAW RD
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: GARCIA, RYAN
Address: 2497 SW 156 PLACE
City-St-Zip: OCALA, FL 34473

Title: D () Delete
Name: PLATTER, DAVID
Address: 577 CAUSEY RD
City-St-Zip: MOULTRIE, GA 31768

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: GOMEZ, DENISE M SEC
Address: 6013 OAKMONT PL
City-St-Zip: OCALA, FL 34472

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL FRODL

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date